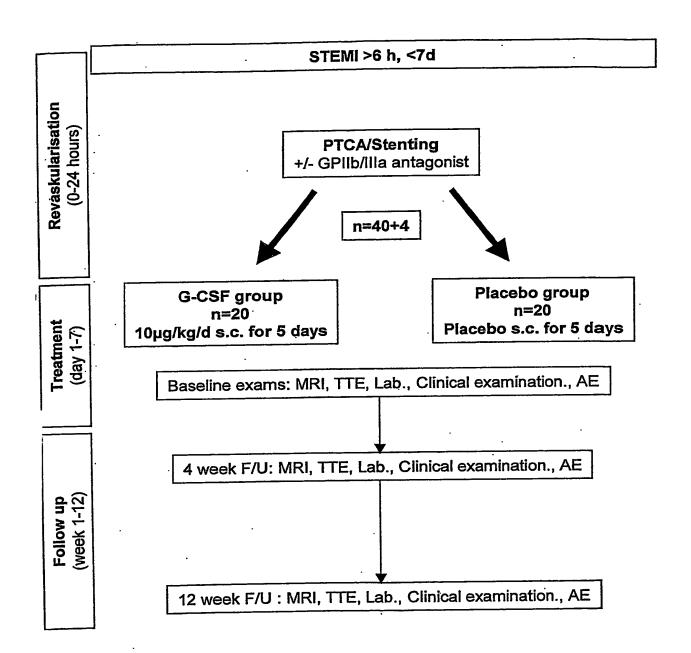
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Figure 1



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Figure 2

Inclusion criteria

- (1) Be at least 18 years old, male or female
- (2) Have acute ST segment elevation myocardial infarction (MI, typical chest pain of more than 30 minutes duration, with ST segment elevation of equal to or more than 0.1 mV in two or more leads and creatinin kinase elevation of more than twice of upper normal level accompanied by a significant elevation of CK-MB isoenzyme or Troponin I/T)
- (3) Have an akinesia of at least one myocardial segment (16 segment model of the American Society of Echocardiography) demonstrated with transthoracic echocardiography within 24 hours after admission.
- (4) Onset of MI before 6 and more hours and less than 7 days
- (5) Patients who are suitable for coronary angiography and angioplasty with or without stenting of the infarct related artery.
- (6) Have no contraindication against ECG triggered magnetic resonance imaging (i.e. claustrophobia, permanent atrial fibrillation) and adenosin stress testing (i.e. significant pulmonary obstruction)
- 7) Give a written informed consent.
- B) Have the ability to understand the requirements of the study, and agree and be able to return for the required assessments.

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Figure 3

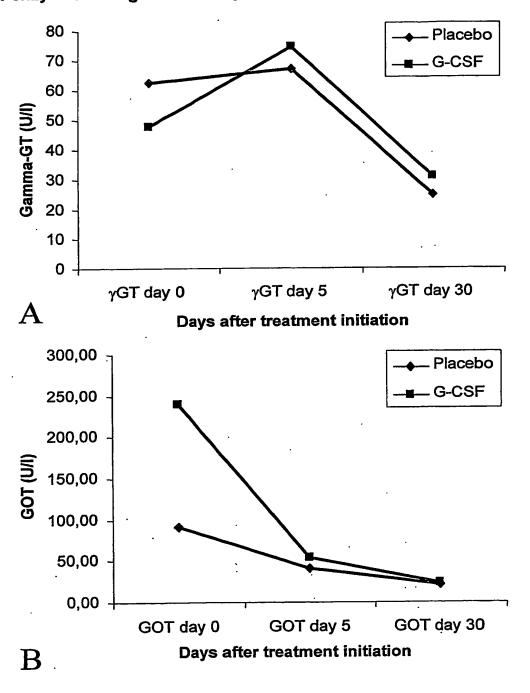
Adverse events occurred during study period (18 patients enrolled)

Adverse event (AE)	lumber of all cases
Major cardiac event (MACE) (death/(re)myocardial infarc CABG/acute coronary syndrome)	tion/ 0 / 18
Bone/muscle pain	
slight-moderate	0 / 18
severe*	1 / 18
Blood pressure fall	0 / 18
In-stent restenosis	1 / 18
Spontaneously reported/presented AEs: Transient pericardial effusion (probably infarct associated CRP elevation (unknown cause)§ Colon carcinoma*	1 / 18 1 / 18 1 / 18

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Figure 4

Liver enzymes during G-CSF and placebo treatment



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Figure 5

Mobilization of hematopoetic stem cells (CD34+) during G-CSF and placebo treatment

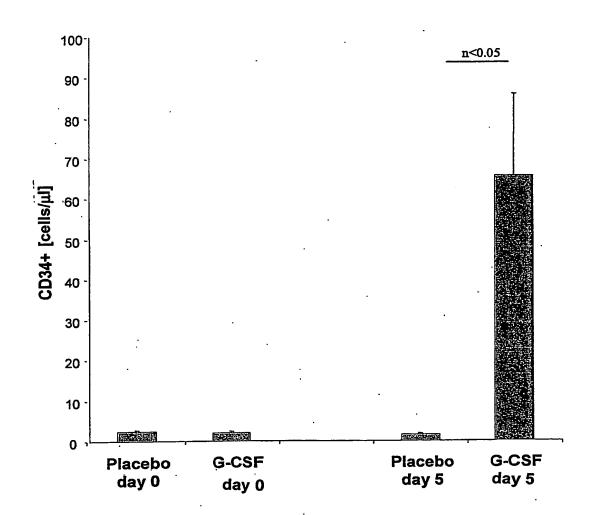
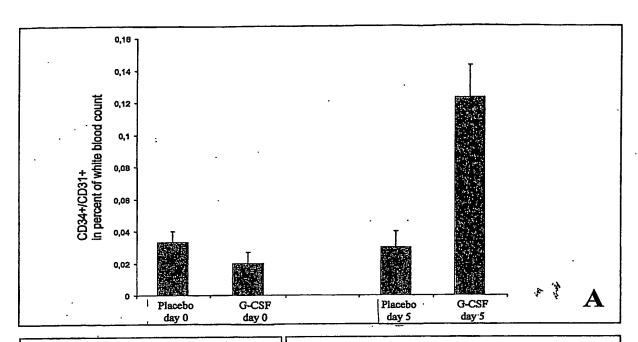


Figure 6(1)

Mobilization of other stem cell polulations during G-CSF and placebo treatment



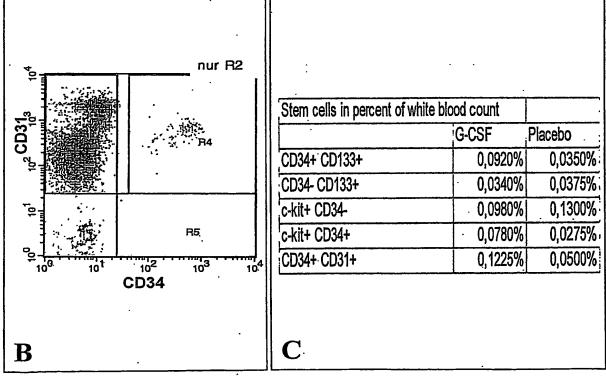


Figure 6(2)

Mobilization of other stem cell polulations during G-CSF and placebo treatment

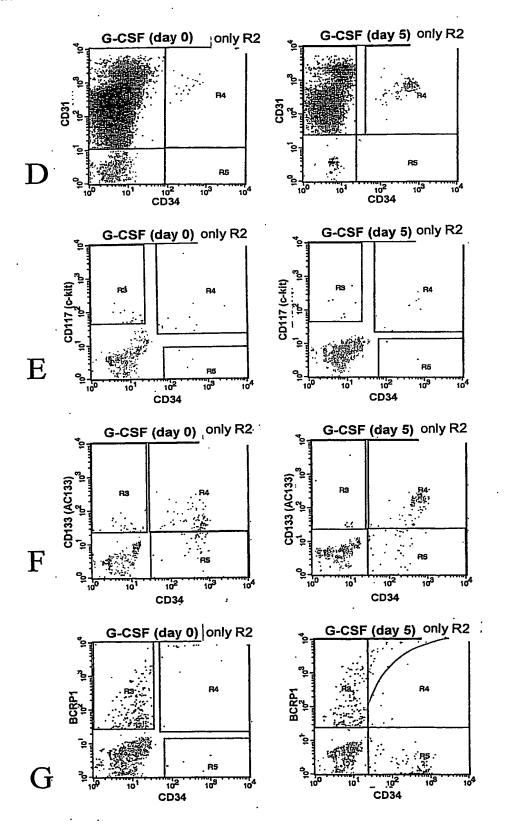


Figure 7

Comparison of global left-ventricular function (LVEF) and of enddiastolic left-ventricular volume (LVEDV) in infarct patients after G-CSF vs. placebo treatment 3 months after myocardial infarction

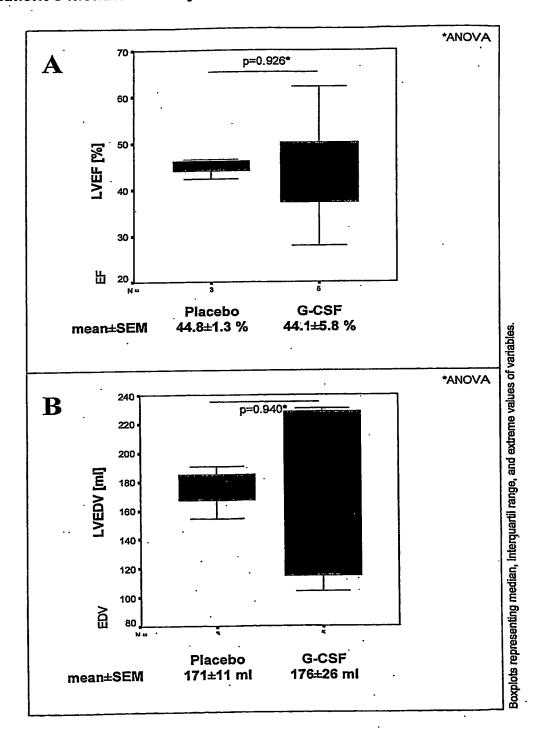


Figure 8

Comparison of number of infarcted myocardial segments (A) and improved myocardial segments during either G-CSF and placebo treatment (B) 3 months after myocardial infarction.

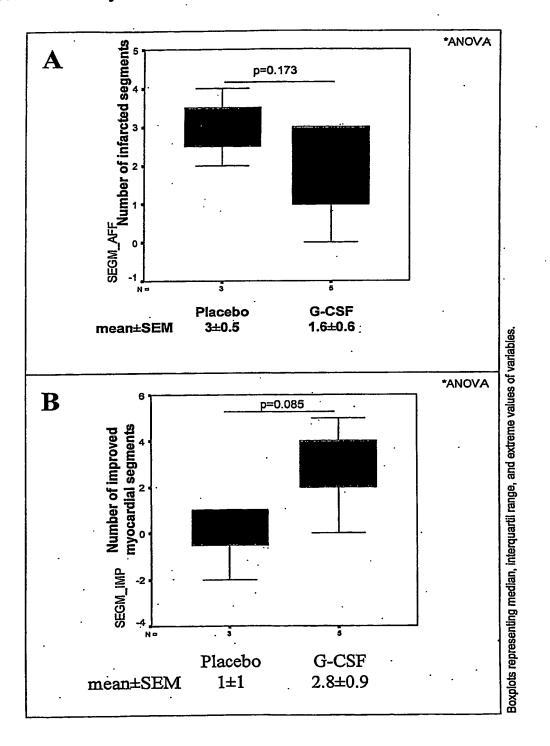
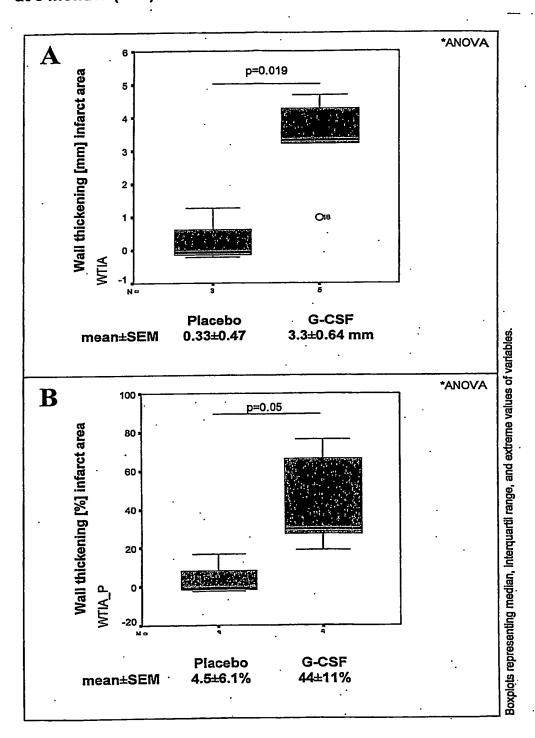


Figure 9

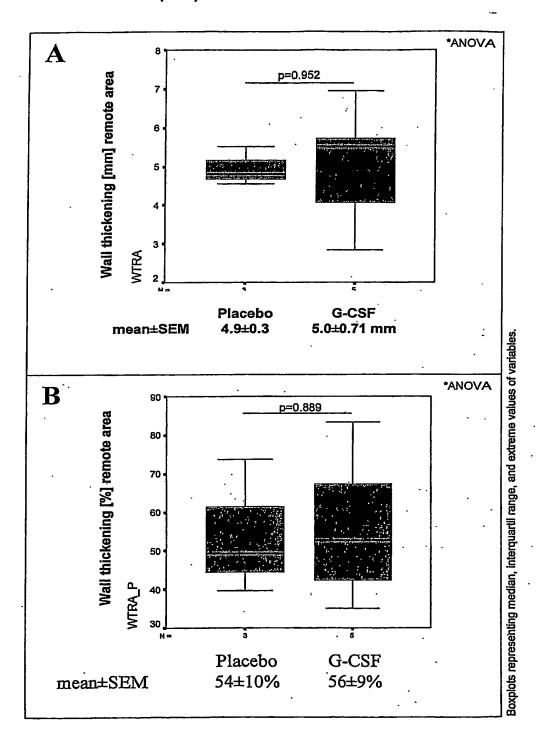
Comparison of myocardial segments mainly affected by myocardial infarction (A: absolute in mm, B: percent changes) at 3 months (MRI)



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Figure 10

Comparison of myocardial remote areas not affected by infarction (A: absolute in mm, B: percent changes) at 3 months (MRI)



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Figure 11

Comparison of left ventricular end diastolic volume (A), ejection fraction (B) and left ventricular mass (C) in both treatment groups at baseline and 3 months.

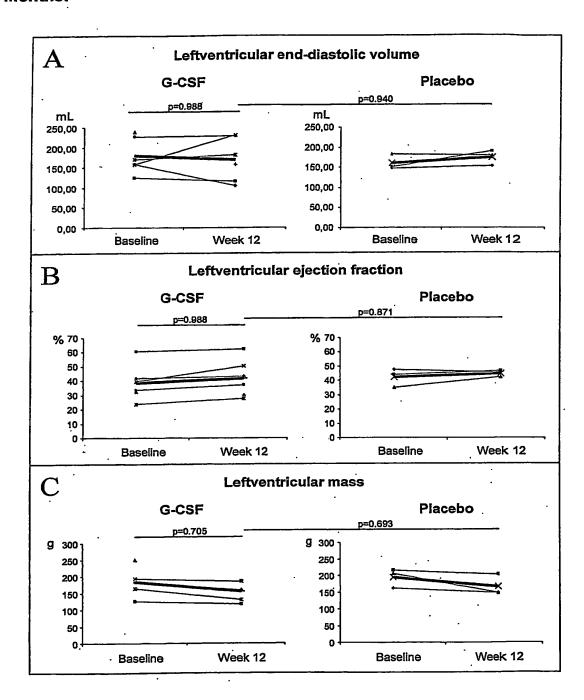
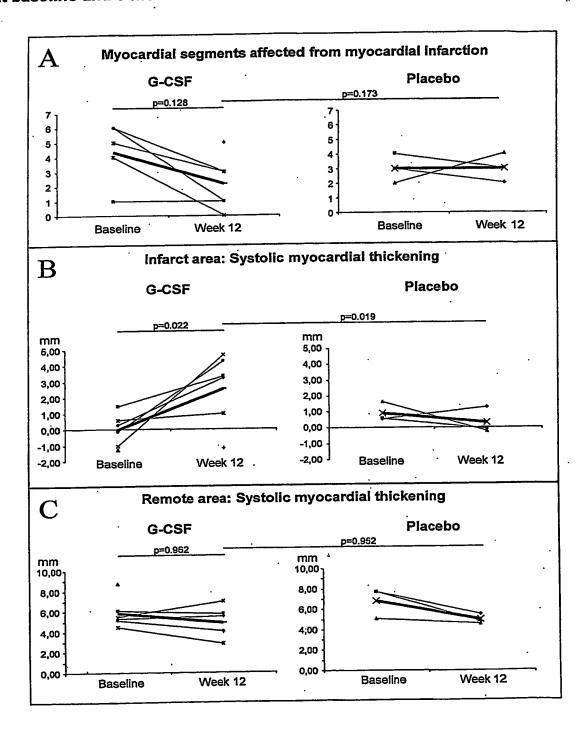


Figure 12

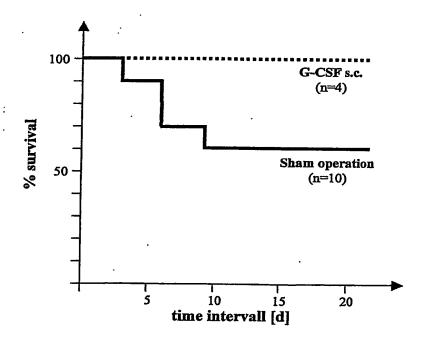
Comparison of infarcted myocardial segments (A), area of infarction (B) and remote area (C) not affected by infarction in both treatment groups at baseline and 3 months.



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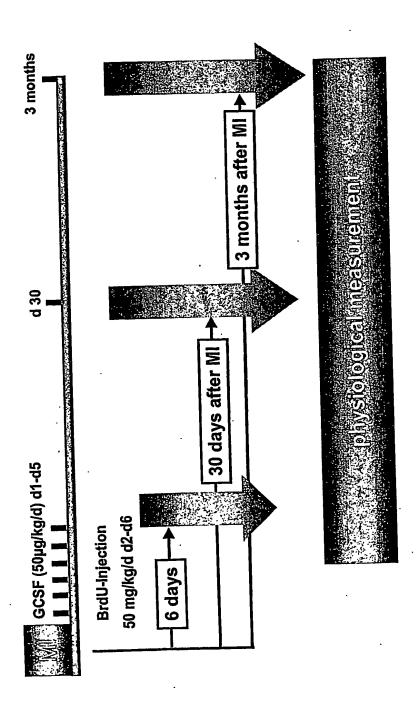
Figure 13

Comparison of mortality of mice in experimental myocardial infarction established by LAD ligation: G-CSF vs. Sham procedure



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Figure 14A



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Figure 14B

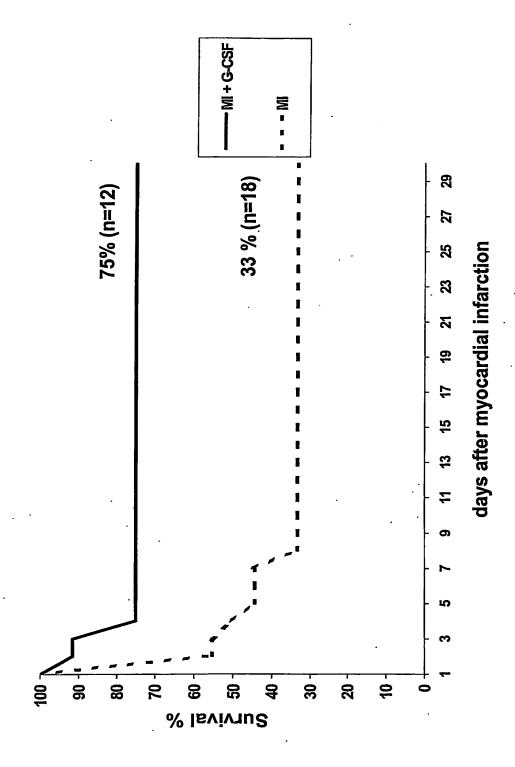
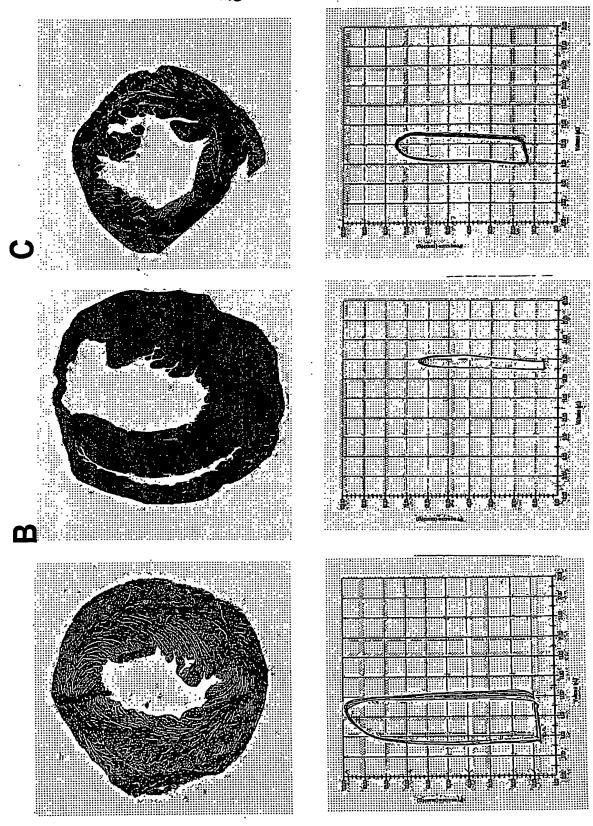


Figure 15



18/22 Figure 16

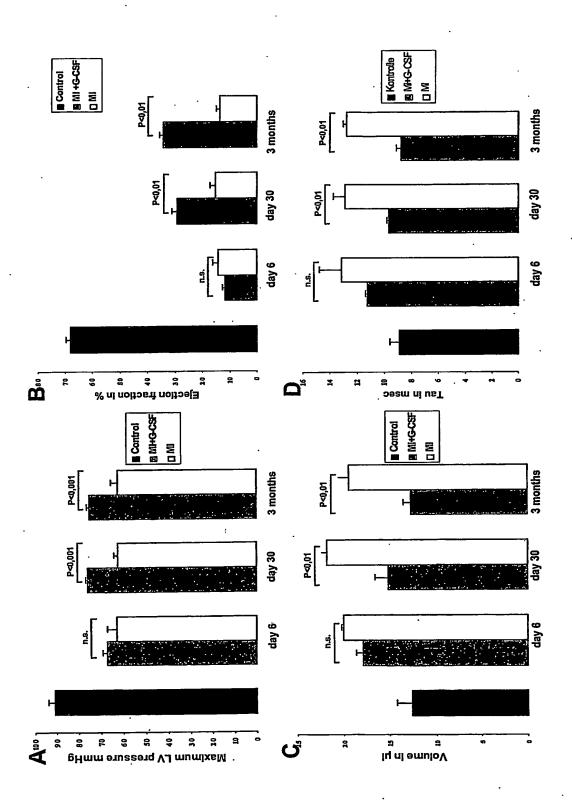
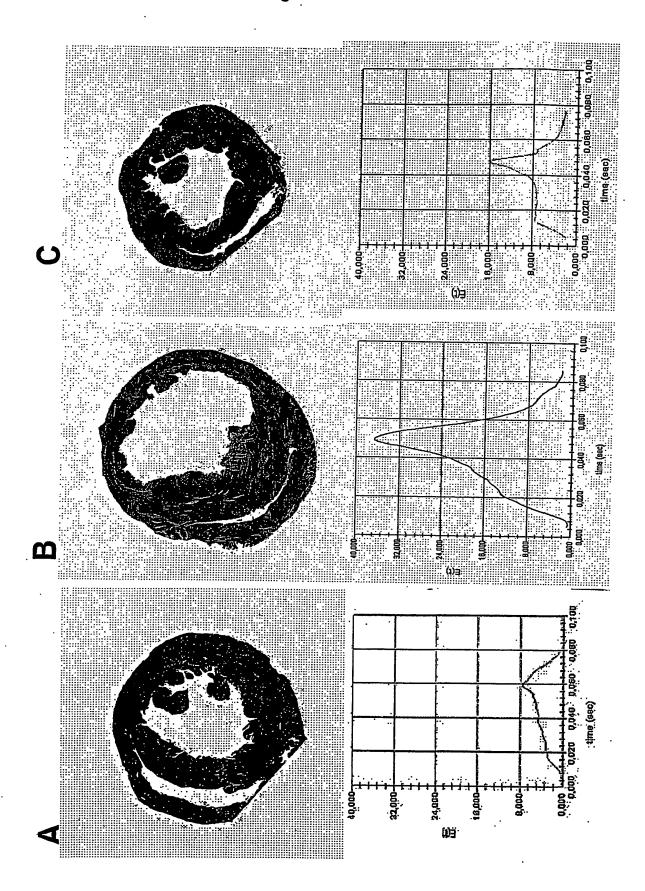
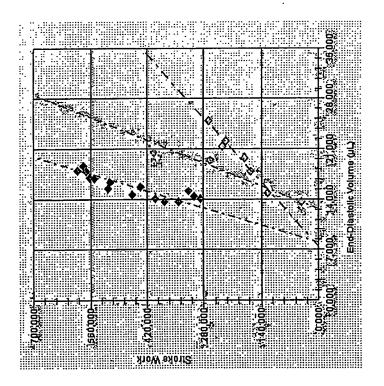


Figure 17



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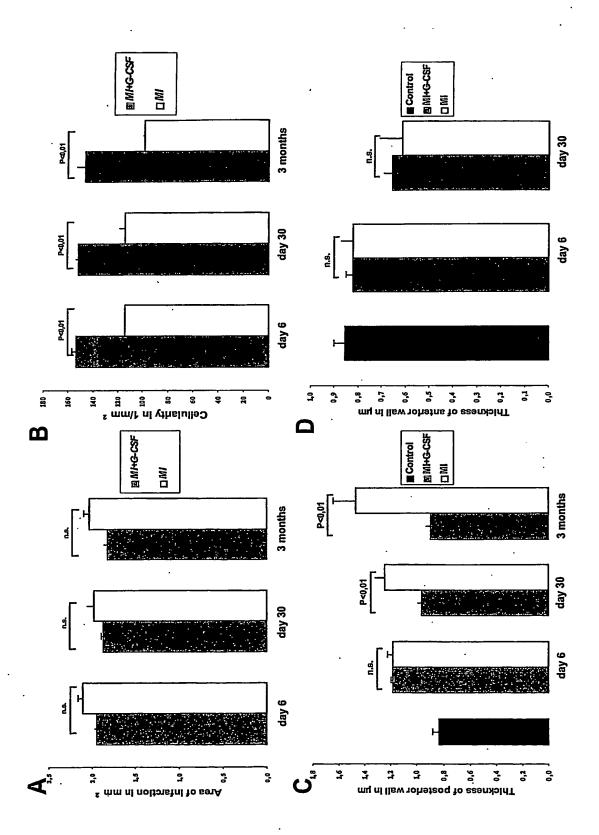
Figure 18



MI + G-CSF

W W

Figure 19



22/22 Figure 20

